



Frank P. Miller III, M.D.
Coroner

Cuyahoga County Coroner's Office
11001 Cedar Avenue, Cleveland, Ohio 44106
CORONER'S VERDICT

THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY

CASE NUMBER: IN2011-00001

Be it Remembered, That on the 31st day of December, 2010 information was given to me, Frank P. Miller III M.D., Coroner of said County, that the dead body of a man supposed to have come to his death as the result of criminal or other violent means, or by casually, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, (Sec. 313-11, 313-12 R.C. Ohio) had been found in Emergency Room, University Hospitals Case Medical Center in Cleveland of Cuyahoga County, on the 31st day of December, 2010.

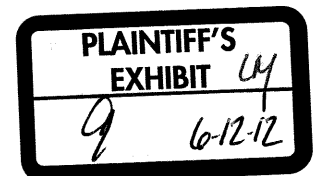
I viewed or caused to be viewed the said body at the Coroner's Office. After the viewing and making inquiry into the circumstances that caused the death of the said person, I obtained further information, to-wit: (CPD #2011-00000457) (UHMC #0708949). I also carefully examined or caused to be examined the said dead body at 7:38AM on the 2nd day of January, 2011 and I find as follows: to wit:

I, Frank P. Miller III M.D., Coroner of said county, having diligently inquired, do true presentment make in what manner Rodney Stanton Brown Sr., whose body was at the Coroner's Office on the 2nd day of January, 2011 came to his death. The said Rodney Stanton Brown Sr. was divorced, 40 years of age, a resident of Cleveland, Cuyahoga County, Ohio, and a native of Cleveland, Ohio; was of the Black race, and had brown eyes, black hair, black beard, black mustache, was 76 inches in height, and weighed 209 pounds.

Upon full inquiry based on all the known facts, I find that the said Rodney Stanton Brown Sr. came to his death officially on the 31st day of December, 2010 in Emergency Room, University Hospitals Case Medical Center and was officially pronounced dead at 10:25 P.M., by Dr. Ulhaq. There is history that on December 31st, 2010 at about 8:48 P.M., a Cleveland Police Unit was patrolling in vicinity of Regalia Avenue, from East 116th Street when they noticed a 2001 Hyundai Elantra traveling without its headlights on. The police unit followed the vehicle with their lights and sirens flashing, continuing on to East 113th Street. The driver of the Hyundai, later identified as the said Rodney Stanton Brown Sr., 3676 East 113th Street, stopped his vehicle in front of 3570 East 113th Street. Officers approached the vehicle and requested this man to exit same. The said Rodney Stanton Brown Sr. exited the vehicle and approached an officer. The police officers fired their Tasers with little effect. A physical confrontation and foot pursuit ensued, and this man was tackled to the ground by police officers and taken into custody, in vicinity of 3589 East 114th Street. The Cleveland Paramedics were called and on arrival, the said Rodney Stanton Brown Sr. was found to be in cardiopulmonary arrest, and treatment was administered. This man was then transported to University Hospitals Case Medical Center where he was admitted to the Emergency Room at 9:45 P.M., in full traumatic arrest. Treatment and drug therapy were administered, however, the said Rodney Stanton Brown Sr. failed to respond and was pronounced dead at the aforementioned time and date. The County Coroner's Office was notified and Esposito Mortuary Services was dispatched. This man was then transported to the Coroner's Office where an autopsy was performed. That death in this case was the end result of cardiopulmonary arrest following physical exertion during law enforcement activity, with other conditions of hypertensive cardiovascular disease, chronic obstructive pulmonary disease, paranoid schizophrenia and bipolar disorder, and was homicidal in nature.

Cause of Death: Cardiopulmonary arrest following physical exertion during law enforcement activity.
HOMICIDE.

Other Condition(s): Hypertensive cardiovascular disease.
Chronic obstructive pulmonary disease.
Paranoid schizophrenia.
Bipolar disorder.



Rodney Stanton Brown Sr.
(Name of Deceased)

Frank P. Miller III, M.D.
Cuyahoga County Coroner



Cuyahoga County Coroner's Office
11001 Cedar Avenue, Cleveland, Ohio 44106
REPORT OF AUTOPSY

Frank P. Miller III, M.D.
Coroner

THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY

CASE NUMBER: IN2011-00001

REPORT OF AUTOPSY OF: Rodney Stanton Brown Sr.
ADDRESS: 3676 East 113th Street, Cleveland, Ohio

I, Frank P. Miller III M.D., Coroner of Cuyahoga County, Ohio, Certify that on the 2nd day of January, 2011 at 1:50 PM in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of Rodney Stanton Brown Sr.

The following is the report of autopsy to the best of my knowledge and belief: This person was a male, divorced, aged 40 years, of the Black race; had brown eyes, black hair, fair teeth, was 76 inches in height, weighing 209 pounds; a native of Cleveland, Ohio.

ANATOMIC DIAGNOSES:

- I. Cardiopulmonary arrest following physical exertion during law enforcement activity
- II. Hypertensive cardiovascular disease
 - A. Cardiomegaly, 540 grams, with left ventricular hypertrophy
 - B. Intramyocardial arteriosclerosis
 - C. Dilatation of right ventricle
 - D. Nephrosclerosis
- III. Chronic obstructive pulmonary disease
 - A. Right lung, 1110 grams
 - B. Left lung, 910 grams
 - C. Subpleural bullae in both lungs
 - D. Severe emphysematous changes throughout lungs
 - E. Chronic perivascular and peribronchiolar inflammation
- IV. Clinical history of paranoid schizophrenia
- V. Clinical history of bipolar disorder
- VI. Blunt impacts to head, trunk and extremities
 - A. Multiple abrasions of head, trunk, and extremities
 - B. Contusions of head and chest
 - C. Two lacerations of inner lips
 - D. Hemorrhage in bilateral temporalis muscles
- VII. History of strikes by Taser electronic control device and application in drive stun mode
 - A. Small puncture wounds (6), anterior trunk
 - B. Small puncture wounds (5), left back
- VIII. Benign liver hemangioma
- IX. Therapeutic intervention
 - A. Endotracheal tube
 - B. Status post pericardiocentesis
 - C. Intravenous access lines
 - D. Patient identification bracelet

Cause of Death: Cardiopulmonary arrest following physical exertion during law enforcement activity.
HOMICIDE.

Other Condition(s): Hypertensive cardiovascular disease.
Chronic obstructive pulmonary disease.
Paranoid schizophrenia.
Bipolar disorder.

Jimmie K. Smith, M.D.
(Name of Pathologist)

Jimmie K. Smith, M.D.
Pathologist Signature

Rodney Stanton Brown Sr.
(Name of Deceased)

Frank P. Miller III .M.D.
Cuyahoga County Coroner

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County: Cuyahoga

Name: Rodney Stanton Brown Sr.

Expired in Emergency Room, University Hospitals Case Medical Center and pronounced dead at 10:25 P.M., on December 31, 2010.

GROSS ANATOMIC DESCRIPTION

EXTERNAL EXAMINATION: The body is that of a well-developed, well-nourished black male, whose appearance is consistent with the reported age of 40 years. The body weighs 209 pounds and is 76 inches in length. The body is in mild rigor mortis. Lividity is faint, fixed and posterior in distribution. The skin temperature is cool.

The scalp hair is short, black and has a normal distribution. A beard and moustache are present on the face. The conjunctivae are congested, the corneas are cloudy and the irides are brown. The ears and nose show no abnormalities. Injury to the mouth is described below. An earring post is present in the right earlobe. The teeth are natural and in fair condition. The neck is of normal configuration, and there are no palpable masses. The thorax is symmetrical and normal in configuration. A right accessory nipple is present inferior and medial to the right nipple. The breasts are of normal male configuration, and there are no palpable masses. The abdomen is flat. The external genitalia are of normal male circumcised conformation, and there are no external lesions. The extremities appear normal, and the joints are not deformed. All digits are present. A circular band of tape is around the right fifth finger. The skin is of normal pliability and texture. There are small dark macules on the ventral right arm, near the elbow. There is no icterus.

SCARS AND IDENTIFYING MARKS:

1. A 5" x 3" green tattoo of an animal resembling a bull is on the right lateral arm.
2. Piercings are present in each earlobe.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT THERAPY:

1. An endotracheal tube protrudes from the mouth.
2. A white bandage is taped to the skin of the right antecubital fossa.
3. A white bandage is taped to the skin of the left lateral neck. Underlying the bandage is a small, circular hemorrhagic puncture wound.
4. An intravenous access line punctures the skin of the left antecubital fossa.
5. A triple lumen intravenous access catheter punctures the skin of the right inguinal region.
6. A patient identification band is present on the right wrist.
7. Two punctate puncture wounds are on the anterior surface of the right ventricle of the heart with surrounding hemorrhage, comprising an area of 0.6 x 0.5 cm. There is 260 ml of sanguineous fluid in the pericardial sac.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY:

Head:

1. A 3/8" laceration is in the oral labial mucosa of the lower lip with surrounding hemorrhage.
2. A 1/2" laceration is in the oral labial mucosa of the left side of the upper lip with surrounding hemorrhage.
3. A 1" x 1/2" red-brown abrasion is on the outer surface of the upper lip.
4. There is focal hemorrhage in the bilateral temporalis muscles, the left greater than the right.
5. A 1/2" red contusion is present on the right forehead.
6. A 3/4" red contusion is present on the left temple.
7. A 1/4" x 1/4" red contusion is on the right cheek.

Trunk:

1. A 5" x 3/16" oblique, linear red abrasion is present on the anterior left chest, medial to the left nipple. At the superior aspect of this oblique red abrasion is a surrounding red contusion which measures approximately 1" in greatest dimension.
2. A 3" x 1 1/2" red irregular abrasion is at the junction of the left upper abdomen and left lower chest.
3. There are multiple irregular red abrasions on the left lateral chest, comprising an area of 2 1/2" x 1 1/2".

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4. There are five superficial, circular puncture wounds on the left lower back, each measuring approximately 1/16" in diameter. The most inferior puncture wound is centered on a point 47" above the sole of the left foot. The most superior puncture wound is centered on a point 48" above the sole of the left foot. No discernible pattern is present. The puncture wounds extend from 2" to 5" left of the posterior midline.
5. There are five superficial, circular puncture wounds on the anterior left thorax each measuring approximately 1/16" in diameter. Four of the puncture wounds are centered on a point approximately 1" left of the anterior midline and are arranged in an almost longitudinal linear configuration. The most inferior puncture wound is centered on a point approximately 50" above the sole of the left foot. The most superior puncture wound is centered on a point approximately 54 1/2" above the sole of the left foot. The fifth puncture wound has a surrounding concentric red abrasion and is centered on a point approximately 2 1/2" left of the anterior midline, in a horizontal plane with the third most superior of the puncture wounds on the anterior left thorax.
6. There is a 1/16" in diameter superficial, circular puncture wound on the anterior right thorax which is centered on a point 2" right of the anterior midline. This puncture wound is medial to and in a horizontal plane with the right accessory nipple and inferior and medial to the right nipple.
7. There is mild, focal hemorrhage in the left anterior chest musculature.
8. There are multiple (at least 9) transverse linear scratches on the left anterolateral chest, averaging 1/16" in width with lengths measuring up to 7".

Extremities:

1. There are multiple (at least 4) linear abrasions on the left ventral forearm, comprising an area of 4" x 3/4".
2. A 5/16" x 1/4" red irregular abrasion is on the ventral ulnar surface of the left palm, near the wrist.
3. Three red abrasions are on the dorsal surface of the left fourth finger which range from 1/16" to 1/8" in greatest dimension.
4. There are multiple (at least 7) irregular red abrasions on the anterior surface of the right knee ranging from 1/4" to 1/2" in greatest dimension.
5. A 1/4" x 1/4" red abrasion is lateral to the right knee.
6. There are multiple (at least 4) irregular red abrasions on the anterior surface of the left knee, measuring up to 3/4" in greatest dimension.
7. A 5/16" x 3/16" red abrasion is on the dorsal surface of the distal left fifth finger.

The above injuries are numbered for convenience and the numbering is not intended to imply the sequence in which the injuries may have been sustained. The above injuries, once having been described, will not be referred to below. The remainder of the external examination of the head, neck, trunk, and extremities is unremarkable.

INTERNAL EXAMINATION: The body is opened by means of the usual "Y" and biparietal incisions. The viscera of the thoracic and abdominal cavities occupy their normal sites. The serous surfaces are smooth and glistening. A measured volume of 260 ml of sanguineous fluid is present in the pericardial sac. No fluids are present within the right or left pleural cavities or abdominal cavity. There are no abnormal masses present. The diaphragmatic leaves are normally situated. The margins of the liver and spleen are in proper relationship to their costal margins. The weights of the organs are as follows and, unless specified below, show no additional evidence of congenital or acquired disease.

Heart - 540 grams
 Right lung - 1,110 grams
 Left lung - 910 grams
 Spleen - 200 grams
 Liver - 2,140 grams
 Right kidney - 160 grams
 Left kidney - 160 grams
 Brain - 1,650 grams

NECK: The neck organs are excised en bloc and examined separately. The surface of the tongue and serial cross sections through the tongue show no gross abnormalities. The larynx and trachea have a normal caliber and are free of obstruction. The laryngeal and tracheal mucosa is soft and tan. The paravertebral musculature is unremarkable. The cervical spine, hyoid bone, and tracheal cartilage are intact.

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CARDIOVASCULAR:

Heart: The heart is enlarged and has an otherwise normal configuration. The coronary arteries have a normal anatomic distribution, and multiple cross sections show no significant narrowing of lumina and no evidence of thrombosis. The epicardium is smooth and glistening. There is a normal amount of epicardial fat and its distribution is normal. The great vessels enter and leave the heart in a normal manner. The cardiac chambers are remarkable for dilatation of the right ventricle. The septa are intact, and there are no congenital abnormalities. The myocardium is of normal consistency and remarkable for hypertrophy of the left ventricle. The left and right ventricles are 1.8 cm and 0.5 cm thick, respectively. The heart valves are thin, pliable, and delicate, and are free of deformity. Valve circumferences are as follows: tricuspid valve = 14.0 cm, pulmonic valve = 10.0 cm, mitral valve = 12.0 cm, and aortic valve = 8.5 cm.

Aorta and its major branches: The aorta and its principal branches are patent throughout. There are no thrombi, areas of erosion, or zones of significant narrowing present.

Venae cavae and their major tributaries: The superior and inferior venae cavae and their major tributaries are patent throughout. No areas of extrinsic or intrinsic stenosis are present.

RESPIRATORY: The major bronchi have a normal caliber and are free of obstruction. The right and left lungs have a normal lobar configuration. The visceral pleura is smooth and glistening and mottled with moderate black streaks. There are subpleural emphysematous bullae of both lungs. The pulmonary arteries are free of emboli and thrombi. The lungs appear hyperinflated and are crepitant. The parenchyma is remarkable for edema throughout.

RETICULOENDOTHELIAL: The spleen has a normal configuration. The capsule is blue-gray and smooth, without areas of thickening. On section, the splenic pulp is of normal consistency and appearance. No abnormal lymph nodes are encountered.

DIGESTIVE: The esophagus is free of lesions. The stomach has a normal configuration. The serosa is smooth and glistening. The wall is of normal thickness and the mucosa is thrown into rugal folds. There are no areas of ulceration. The stomach contains approximately 50 ml of bloody fluid. The duodenum is free of ulceration and other intrinsic lesions. The remainder of the small bowel, the colon, and the rectum are normal in appearance. The appendix is present and is unremarkable.

HEPATOBIILIARY:

Liver: The capsule is smooth and glistening. The liver configuration is normal. Multiple cross sections through the liver reveal a normal lobular pattern. A 3.0 x 1.0 cm red discrete lesion is present in the periphery of the right hepatic lobe.

Gallbladder: The gallbladder is of normal size and configuration. The wall is thin and the mucosa is bile-stained. It contains approximately 26 ml of bile. No calculi are present.

PANCREAS: The pancreas is soft and normally lobulated. Multiple cross sections through the pancreas reveal normal tan-pink parenchyma without intrinsic lesions.

GENITOURINARY SYSTEM:

Kidneys: The right and left kidneys are similar. The capsules strip with ease to reveal smooth subcapsular surfaces. The renal arteries and veins are patent and free of stenosing lesions. On section, the renal cortices are of normal thickness and the cortico-medullary demarcations are distinct. The medullae are unremarkable. The pelvo-calyceal systems are normal in appearance. The ureters are unremarkable.

Bladder: The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. It contains approximately 50 ml of urine.

Prostate and seminal vesicles: Multiple cross sections through the prostate reveal rubbery, firm, gray-white parenchyma, free of lesions. The seminal vesicles are unremarkable.

Testes: The testes are both present within the scrotal sac, and bivalve sections show a normal parenchyma.

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ENDOCRINE SYSTEM: No abnormalities are present in the pituitary, thyroid, or adrenal glands.

MUSCULOSKELETAL: The axial and appendicular skeleton show no abnormalities. The exposed musculature is unremarkable.

HEAD/BRAIN: The scalp shows no evidence of contusions or galeal hemorrhages. The skull is intact. The dura is smooth and glistening. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The subarachnoid space does not contain any hemorrhage. The cerebrum presents normal convolutions, with no flattening of the gyri or deepening or widening of the sulci. There is no evidence of subfalcial, uncal, or cerebellar tonsillar herniation present. The major cerebral arteries show no significant atherosclerosis or congenital anomalies. The roots of the cranial nerves are unremarkable. Serial coronal sections through the cerebral hemispheres show a grossly normal cortical ribbon and underlying white matter. The basal ganglia and diencephalon show no gross abnormalities. Serial cross sections through the brainstem and sagittal sections through the cerebellum fail to show any gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration. After removal of the brain, the base of the skull does not demonstrate any fractures.

SPINAL CORD: The spinal cord is smooth, white, and glistening, and serial cross sections through the spinal cord show no gross abnormalities.

MICROSCOPIC DESCRIPTION

CARDIOVASCULAR SYSTEM:

Sections of the heart show scattered hypertrophic myocytes and patchy interstitial fibrosis. Intramyocardial arteriosclerosis is present. There are collections of extravasated red blood cells in the epicardium of the right ventricle.

RESPIRATORY SYSTEM:

Sections of the lungs show severe emphysematous changes throughout. There is interstitial fibrosis and chronic inflammation around bronchioles and vasculature. Numerous macrophages, cholesterol clefts, occasional multinucleated giant cells and necrotic debris are present within bronchioles. Innumerable intraalveolar macrophages are present. There is subpleural and perivascular black pigment deposition. Eosinophilic, proteinaceous fluid is seen in alveolar spaces. There is focal squamous metaplasia.

GENITOURINARY SYSTEM:

Sections of kidneys show thickened renal arterioles. Autolysis is present.

HEPATOBIILIARY SYSTEM:

Section of liver shows focus of dilated vascular spaces containing red blood cells and lined by flat endothelial cells.

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CENTRAL NERVOUS SYSTEM:

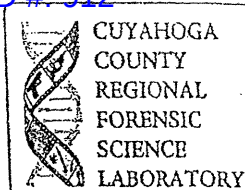
Sections of brain show no
diagnostic abnormalities.

Jimmie K. Smith, M.D.
Jimmie K. Smith, M.D.

3-28-11
Date



Toxicology Laboratory Report
Cuyahoga County Regional Forensic Science Laboratory
 11001 Cedar Avenue, Cleveland, Ohio 44106



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Case Number :	IN2011-00001	Report Date :	Monday, March 21, 2011
Name :	Rodney Brown	Receipt Date :	Sunday, January 02, 2011
Agency :	Cuyahoga County (CCCO)	Pathologist :	JSMI - J. K. Smith, MD

Specimen Received

B1 - Blood	F1 - Femoral Blood	G1 - Gastric	I1 - Bile
L1 - Liver	R1 - Longterm Storage	U1 - Urine	V1 - Vitreous Humor

COMMENT :

B1: Heart Blood Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
Acetaminophen Screen	None Detected		See Page 3, Group 9
Salicylate Screen	None Detected		See Page 3, Group 10
Cannabinoids GC/MS	Positive		See Page 3, Group 13
delta-9-THC-COOH		5 ng/mL	

F1: Femoral Blood Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
Volatile Screen & Confirmation	None Detected		See Page 3, Group 1
Acid Neutrals by GC/MS	None Detected		See Page 3, Group 2
Opiate ELISA Screen	None Detected		See Page 3, Group 7
Basic Drugs by GC/MS	Positive		See Page 3, Group 8
Cotinine		Positive	
Nicotine		Positive	
Amphetamine ELISA	None Detected		See Page 3, Group 7
Barbiturates ELISA Screen	None Detected		See Page 3, Group 7
Benzodiazepines ELISA Screen	None Detected		See Page 3, Group 7
Cannabinoids ELISA Screen	Positive		See Page 3, Group 7
Carisoprodol ELISA Screen	None Detected		See Page 3, Group 7
Cocaine Mtb. ELISA Screen	None Detected		See Page 3, Group 7
Fentanyl ELISA Screen	None Detected		See Page 3, Group 7
Methamphetamine ELISA Screen	None Detected		See Page 3, Group 7
Oxycodone ELISA Screen	None Detected		See Page 3, Group 7
Phencyclidine ELISA Screen	None Detected		See Page 3, Group 7
Tricyclic Antidepressants ELISA Screen	None Detected		See Page 3, Group 7
Methadone ELISA Screen	None Detected		See Page 3, Group 7

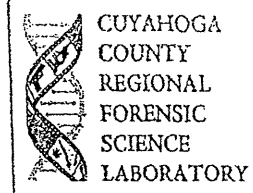
G1: Gastric Contents Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

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Case Number :	IN2011-00001	Report Date :	Monday, March 21, 2011
Name :	Rodney Brown	Receipt Date :	Sunday, January 02, 2011
Agency :	Cuyahoga County (CCCO)	Pathologist :	JSMI - J. K. Smith, MD

I 1: Bile Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

L 1: Liver Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

R 1: Long Term Storage Blood Analysis

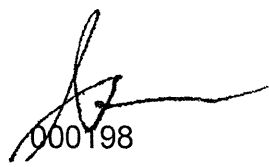
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

U 1: Urine Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
Glucose/Ketone bodies	None Detected		
Cannabinoids GC/MS	Positive		See Page 3, Group 13
TOTAL delta-9-THC-COOH		Positive	
Basic Drugs by GC/MS	None Detected		See Page 3, Group 8

V 1: Vitreous Humor Hospital Post Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
Volatile Screen & Confirmation	None Detected		See Page 3, Group 1
Clinical Chemistry	Positive		See Page 3, Group 12
Sodium		148 mmol/L	
Potassium		13 mmol/L	
Chloride		140 mmol/L	
Total CO2		14 mmol/L	
Glucose		<50 mg/dL	
Urea Nitrogen		10 mg/dL	
Creatinine		1.4 mg/dL	


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Analytes Included in Drug Groups / Class

- 1) **VOLATILES:** Acetaldehyde, Acetone, Acetonitrile*, Butane, Chloroform*, Dichloromethane*, Ethanol, Ethyl Acetate*, Formaldehyde, Isopropanol, Methane, Methanol, Paraldehyde*, Propane, Toluene*.
ETHANOL, ACETONE, ISOPROPANOL, and METHANOL confirmation by alternative GC column and/or alternative specimens.
METHANOL is differentiated from **FORMALDEHYDE** by Colorimetry (Qualitative).
- 2) **Sedatives, Hypnotics, Anti-Epileptic and Other Acidic/Neutral Drugs**
 Amobarbital, Butalbital, Caffeine, Carbamazepine, Carisoprodol, Glutethimide, Ibuprofen, Levetiracetam, Mephentermine, Meprobamate, Metaxalone, Naproxen, Pentobarbital, Pentoxifylline, Phenobarbital, Phenytoin, Primidone, Secobarbital, Theophylline, Topiramate; **ACID NEUTRAL** Confirmation by GC/MS.
- 3) **Carbon Monoxide* (Carboxyhemoglobin)** by Co-Oximetry: Carbon Monoxide, Methemoglobin, Hemoglobin; **CARBON MONOXIDE** confirmation by Spectrophotometry and/or Microdiffusion.
- 4) **Glycols*:** Ethylene Glycol, Propylene Glycol screened and quantified by GC and confirmed by GC/MS.
- 5) **Cyanide*:** Screened and quantified by GC and confirmed by GC/MS.
- 6) **EMIT®: SYMPATHOMIMETIC AMINES** (Target = d-Amphetamine); **BENZODIAZEPINES** (Target = Oxazepam); **COCAINE** (Target = Benzoylcegonine (a cocaine metabolite)); **CANNABINOIDS** (Target = 11-nor-Δ-9-THC-COOH (a marijuana metabolite)); **OPIATES** (Target = Morphine); **PHENCYCLIDINE** (Target = Phencyclidine).
- 7) **ELISA (Enzyme-Linked Immunosorbent Assay) Screen:** SMAs (Target = d-Amphetamine); Barbiturates (Target = Pentobarbital); Benzodiazepines (Target = Alprazolam); Cannabinoids (Target = 11-nor-Δ-9-THC-COOH (a marijuana metabolite)); Carisoprodol (Target = Carisoprodol); Cocaine Metabolite (Target = Benzoylcegonine); Fentanyl (Target = Fentanyl); Methamphetamine (Target = d-Methamphetamine); Oxycodone (Target = Oxycodone); Phencyclidine (Target = Phencyclidine); Tricyclic Antidepressants (Target = Nortriptyline); Methadone (Target = Methadone); Opiates (Target = Morphine).
- 8) **BASIC DRUGS by GC/MS (Quantitation and Confirmation)** Amantadine, Amitriptyline, Amoxapine, Amphetamine, Atropine, Benzotropine, Brompheniramine, Bupivacaine, Bupropion, Bupropion Metabolites, Buspirone, Caffeine, Carbinoxamine, Chlorophenylpiperazine, Chlorpheniramine, Chlorpromazine, Citalopram, Clomipramine, Clozapine, Cocaine, Cocaine and metabolites, Codeine, Cocaine and metabolites, Cotinine, Cyclizine, Cyclobenzaprine, Desalkylflurazepam, Desipramine, Desmethyldiazepam, Desmethyl Clomipramine, Desmethyl Clozapine, Desmethylnaloxone, Desmethylnaloxone, Dextromethorphan, Diazepam, Diethylpropion, Diphenhydramine, Disopyramide, Diltiazem, Doxepin, Doxylamine, Ecgonine methyl ester, Ephedrine/Pseudoephedrine, Fenfluramine, Fentanyl, Fluoxetine, Fluvoxamine, Guafenesin, Haloperidol, Hydrocodone, Hydroxyzine, Imipramine, Ketamine, Laudanosine, Lidocaine, Lidocaine mb (MEGX), Loxapine, Maprotiline, Meclizine, Meperidine, Mephentermine, Mesoridazine, Methadone, Methadone primary mb (EDDP), Methadone secondary mb (EMDP), Methamphetamine, Methylenedioxymethamphetamine (MDA), Methylenedioxymethamphetamine (MDMA), Methylphenidate, Metoprolol, Mexiletine, Midazolam, Mirtazapine, Nefazodone, Nicotine, Nordiazepam, Nordoxepin, Norfluoxetine, Norepinephrine, Norpropoxyphene, Nortriptyline, Norverapamil, Olanzapine, Orphenadrine, Oxycodone, Papaverine, Paroxetine, Pentazocine, Pentoxifylline, Perphenazine, Phencyclidine, beta-Phenethylamine, Pheniramine, Phendimetrazine, Phenmetrazine, Phentermine, Phenylpropanolamine, Phenytoin, Procaine, Promethazine, Propoxyphene, Propranolol, Protriptyline, Pseudoephedrine, Pyrilamine, Quetiapine, Quinidine, Quinine, Serranine, Thioridazine, Tramadol, Tranylcypromine, Trazodone, Trihexyphenidyl, Trimipramine, Triptennamine, Venlafaxine, Venlafaxine, Zolpidem.
- 9) **ACETAMINOPHEN SCREEN:** Acetaminophen by Colorimetry (Qualitative).
- 10) **SALICYLATE SCREEN:** Salicylate (Aspirin) by Colorimetry (Qualitative), **SALICYLATE CONFIRMATION** by Gas Chromatography.
- 11) **XANTHINES by HPLC:** Acetaminophen, Caffeine, Theophylline.
- 12) **Clinical Chemistry:** Ketones, pH, Specific Gravity, and Electrolytes (Sodium, Potassium, Chloride, TCO₂, Glucose, Urea, Creatinine).
- 13) **CANNABINOIDS GC/MS:** Cannabinoids (ng/mL; mcg/L): Δ⁹-THC, 11-OH-Δ⁹-THC (a marijuana metabolite), 11-nor-Δ⁹-THC-COOH (a marijuana metabolite), TOTAL 11-nor-Δ⁹-THC-COOH (a marijuana metabolite).
- 14) **OPIATES by GC/MS (ng/mL):** Morphine, 6-Acetylmorphine (heroin metabolite), Codeine, Hydrocodone, Dihydrocodeine, Hydromorphone, Norcodeine*, Oxycodone; **TOTAL OPIATES** by GC/MS-Hydrolysis followed by OPIATES by GC/MS.
- 15) **BENZODIAZEPINE Confirmation by GC/MS:** Alprazolam/ metabolite, Diazepam/ metabolites, Clonazepam, Lorazepam, Midazolam/metabolite, Triazolam.
- 16) **SYMPATHOMIMETIC AMINES CONFIRMATION** by GC/MS analysis (ng/mL): Amantadine, Amphetamine, beta-Phenethylamine, Mephentermine, Methamphetamine, Methylenedioxymethamphetamine (MDA), Methylenedioxymethamphetamine (MDMA), Phentermine, Phenylpropanolamine, Pseudoephedrine.
- 17) **GBB by GC/MS (mg/L):** Gamma-hydroxybutyric acid (gamma hydroxybutyrate).
- 18) **Fentanyl by GC/MS (ng/mL):** Fentanyl, sufentanil, alfentanil.
- 19) **SENT OUT TO REFERENCE LABS:** Epinephrine, 7-amino Flunitrazepam, Flunitrazepam, IgE, Insulin, LSD, Nefedipine, C-Peptide, Pilocarpine, Risperidone, Trypsin, Warfarin, Valproic Acid, **HEAVY METAL SCREEN:** (Antimony, Arsenic, Lead, Barium, Cadmium, Bismuth, Mercury, Selenium) or any other drugs not listed above.

*BY REQUEST ONLY; ABBREVIATIONS: POS=Positive; NEG=Negative; UNS=Specimen unsuitable for testing; QNS=Quantity insufficient for analysis; NTDN=Not Done; CHEM7=Clinical chemistry; <=less than; >=greater than; LRL=lower reporting limit. UNITS FOR VOLATILES: 100 mg/dL = 0.100 g/dL = 0.100 g%. UNITS: 1 mg/L = 1000 µg/L = 1000 ng/mL.

I certify that the specimen identified by this case, number IN2011-00001 have been handled and analyzed in accordance with all applicable requirements. The result in this report relate to the items tested. For purposes of identification and case tracking the Toxicology Lab uses case numbers exclusively. Name is subject to change based on receipt of information. This report shall not be reproduced except in full, without the written approval of the Cuyahoga County Regional Forensic Science Laboratory.

Chief Forensic Toxicologist

John F. Wyman
 John F. Wyman, PhD.
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